STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11966201	R
NAME OF PROVIDER OR SUPPLIER **KATIA'S LOVING HOME INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **5130 SW 96 AVENUE** **MIAMI, FL 33165**	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 Initial Comments

An Abbreviated revisit survey was conducted on , 2016 at Katia's Loving Home Inc. (License #10462) had deficiencies at the time of survey.

0162 Records - Resident

Based record review and interview the facility failed to ensure that one out of five (Manager) sampled staff had an eligible background screening.

Findings included:

Record review on revealed Manager (hired on / /) have a copy of her background screening that states, " Awaiting Privacy Policy. "

Observation on at approximately 10:30 am, revealed that the Administrator printed a new background screening dated on / that stated, " Eligible. "

During an interview on at 110:45 am revealed that the Administrator acknowledged that Staff A printed the eligible background screening during the survey, after it was identified as missing.

Class III

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

Administrator
Katia's Loving Home Inc
5130 Sw 96 Avenue
Miami, FL 33165

Dear Administrator:

This letter reports the findings of a revisit survey conducted on , 2016 by representative(s) of this office. Enclosed is the provider's copy of the Statement of Deficiencies (State Form 5000-3547), which references the uncorrected deficiencies and/or new deficiencies identified during the revisit.

You will not receive a copy of this report in the mail; you will only receive this faxed report. **All deficiencies shall be corrected no later than , 2016.**

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at http://ahca.myflorida.com/Publications/Forms.shtml as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor. Should you have any questions please call this office at (305) 593-3100.

Sincerely,

Arlene Mayo-Davis, RN
Field Office Manager

AMD/sb
Enclosure

BBT7

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